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Matters related to the implementation of the Convention: informal panel

Community-based rehabilitation and habilitation for inclusive society

Background paper prepared by the Secretariat**

Introduction

1. Available data indicates that persons with disabilities have generally poorer health, have less opportunities with regard to education and economic participation and are at greater risk of poverty than the general population[1] owing to discrimination and barriers in their environments.[2]

2. Community-based rehabilitation and habilitation, which aims to combat exclusion and inequalities and to change attitudes towards persons with disabilities, was initiated by the World Health Organization in the 1980s. It is a strategy within general community development for the rehabilitation, poverty reduction, equalization of opportunities and social inclusion of all people with disabilities.[3] Community-based rehabilitation and habilitation initiatives are currently being implemented in over 90 countries throughout the world, mostly in developing countries, to empower persons with disabilities so that they can fully enjoy their

* CRPD/CSP/2013/1.

** Compiled on the basis of contributions by the World Health Organization (WHO) and other sources to facilitate the informal panel discussion to be held on 18 July 2013.

[1] WHO and World Bank, *World Report on Disability* (Geneva, 2011).

[2] Sophie Mitra, Alexandra Posarac and Brandon Vick, "Disability and poverty in developing countries: a snapshot from the world health survey" (forthcoming).

[3] International Labour Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO) and WHO, *CBR: A Strategy for Rehabilitation, Equalization of Opportunities, Poverty Reduction and Social Inclusion of People with Disabilities* (WHO, Geneva, 2004).

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human rights and advance their status in society. They are implemented through a combined effort of persons with disabilities, their families and communities and the relevant Government departments dealing with health, education, vocational training and social and other services.

3. The ultimate goal of community-based rehabilitation and habilitation is to facilitate community-based inclusive development by, for and with persons with disabilities and their communities. As such, it is a comprehensive and multisectoral community-based approach that is implemented to contribute, in practical terms, at the community level, to the implementation of the Convention on the Rights of Persons with Disabilities and to support the realization of the Millennium Development Goals and other internationally agreed development goals. With this approach, the concept of community-based inclusive development hinges on three aspects, according to which all development initiatives should: (a) be community-based and inclusive of persons with disabilities; (b) be centred on disabled persons and the community; and (c) address the needs of persons with disabilities, their families and their communities.

4. Community-based rehabilitation and habilitation can be adapted to suit different contexts and to address concerns on a wide range of issues, such as independent living and integration into the community, personal mobility, education, health, habilitation and rehabilitation, work and employment, adequate standards of living and social protection, and participation in political and public life, as well as in cultural life, recreation, leisure and sports.

5. Based on the results of needs assessments and resource availability, community-based rehabilitation and habilitation programmes often focus on three specific priorities: (a) promoting community-based, inclusive development that assists in mainstreaming disability in key development initiatives and, in particular, poverty reduction; (b) supporting stakeholders to meet the basic needs and enhance the quality of life of persons with disabilities and their families by improving access to the health, education, livelihood and social sectors; and (c) encouraging stakeholders to facilitate the empowerment of persons with disabilities and their families by promoting their inclusion and participation in development and decision-making processes.

6. An informal panel to be held on 18 July 2013 during the sixth session of the Conference of States Parties to the Convention on the Rights of Persons with Disabilities will explore the role and contribution of community-based rehabilitation and habilitation in ensuring an adequate standard of living, in the inclusion of persons with disabilities in their communities and in building an inclusive society. The implementation of the Convention on the Rights of Persons with Disabilities calls for concrete actions and efforts to promote disability-inclusive development. These efforts must reach out to everyone everywhere and especially to those who are most in need: persons with disabilities who are poor, vulnerable and live in rural areas or urban slums.

Normative frameworks

7. The right to an adequate standard of living is enshrined in a number of international instruments. Notably, it is highlighted in article 11 of the International Covenant on Economic, Social and Cultural Rights and in the Convention on the

Rights of Persons with Disabilities and its Optional Protocol, which was adopted in 2006 and entered into force in 2008. Article 28 of the Convention addresses the need for an adequate standard of living and social protection; in it, the States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and commit themselves to taking appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.

8. Following the entry into force of the Convention, the General Assembly adopted a series of resolutions on realizing the Millennium Development Goals for persons with disabilities (see resolutions 62/127, 63/150, 64/131, 65/186, 66/124 and 67/140). In its resolution 63/150, the Assembly reaffirmed the need to include and integrate the rights, well-being and perspective of persons with disabilities in development efforts, without which the internationally agreed development goals, in particular the Millennium Development Goals, would not be genuinely achieved.

9. To address the multidimensional aspect of poverty in line with the Millennium Development Goals, a community-based rehabilitation matrix and guidelines[4] were developed to provide a common framework, as well as practical implementation strategies for programmes. The framework consists of five key components: health, education, livelihoods, social services and empowerment. The first four components relate to key development sectors, reflecting the multisectoral focus of community-based rehabilitation and habilitation. The final component relates to the empowerment of persons with disabilities, their families and communities, which is fundamental to ensuring access to and participation in all development sectors, an adequate standard of living and sustainable development, as well as the enjoyment of all human rights on an equal basis with others in the community.

Community-based rehabilitation and habilitation for an inclusive society

10. Community-based rehabilitation and habilitation is about inclusive development. It is both a strategy and a process to include all underprivileged or disadvantaged groups, including persons with disabilities and their families. It has two major components: (a) a focus on society, for the removal of barriers to access; and (b) a focus on the persons who are excluded, to build their capacity and support them in lobbying for their inclusion (empowerment).

11. Community-based rehabilitation and habilitation programmes aim to create social change. Sustainable development and the empowerment of persons with disabilities are the nucleus of this change. Empowerment begins to happen when individuals or groups of people recognize that they have individual agency to change their situation and take action to that end. It is a process that involves

[4] The guidelines, which were developed by WHO, ILO, UNESCO and the International Disability and Development Consortium, are available at www.who.int/disabilities/cbr/guidelines/en/index.html.

elements of self-awareness and capacity-building, which in turn lead to greater participation and decision-making power and to enhanced action for change.[5]

12. The empowerment of persons with disabilities and their families is the foundation of any community-based rehabilitation and habilitation programme. Such programmes can facilitate this process of empowerment by, for example, raising awareness about the Convention on the Rights of Persons with Disabilities and various development initiatives, providing information on how to access benefits, building capacity and encouraging participation, thereby promoting greater autonomy and involvement in decision-making for the development of communities.

13. The main priority for any community-based rehabilitation and habilitation programme is to address the basic needs of the persons with disabilities and their families. Usually, such programmes follow a three-pronged approach, as follows:

(a) Mainstreaming disability in development, especially in efforts to reduce poverty and ensure an adequate standard of living;

(b) Initiating disability-specific programmes to empower persons with disabilities and enhance their quality of life;

(c) Mainstreaming in reverse by implementing disability-specific programmes to include other disadvantaged groups and the community at large to ensure community participation and ownership.

14. There are different ways of implementing community-based rehabilitation and habilitation programmes, including locally, regionally and nationally. Such programmes can be managed by the national, regional or local governments or by civil society, including disabled peoples' organizations. Over the years, some countries have developed national community-based rehabilitation programmes with a view to reaching out to a majority of the targeted groups of persons with disabilities and ensuring that persons with disabilities have an adequate standard of living. For example, a national community-based rehabilitation and habilitation programme can empower persons with disabilities, their families and communities, regardless of caste, colour, creed, religion, gender, age or type and cause of disability, by raising awareness, promoting inclusion, reducing poverty, eliminating stigma, meeting basic needs and facilitating access to health, education and livelihood opportunities.[6]

15. Local governments or administrations play a significant role in the welfare of their citizens. Local governments are responsible for all their citizens, including persons with disabilities and their families living within their jurisdiction. Where community-based rehabilitation and habilitation programmes are run by the local government, the impact is comparatively more effective, especially in terms of ensuring an adequate standard of living and eliminating inequality and discrimination.

16. Where resources are limited, the local community and civil society often take the initiative to start a community-based rehabilitation and habilitation programme, primarily to ensure that persons with disabilities are able to meet their basic needs

[5] Marilee Karl, *Women and Empowerment: Participation and Decision-Making* (London, Zed Books, 1995).

[6] WHO Regional Office for the Eastern Mediterranean, *Regional Framework on Community-Based Rehabilitation* (WHO, 2010).

and enjoy rights as others do. Other stakeholders, especially self-help organizations and parents' groups, are also key players in initiating community-based rehabilitation and habilitation programmes; they initiate such programmes to ensure that children with disabilities are included in activities, including those relating to universal education.

17. In all cases, community participation and ownership are the basic requirements of sustainable development, as what is good for persons with disabilities is good for everyone. When a local community builds a wider bridge so that wheelchair users too can access it, everybody benefits. When a community-based rehabilitation and habilitation programme makes local public water and sanitation facilities accessible, everyone in the community benefits. Disability-specific programmes, especially those community-based rehabilitation and habilitation programmes that generate benefits for all, enjoy greater community participation and community ownership.

18. States Parties to the Convention on the Rights of Persons with Disabilities have committed themselves to treating persons with disabilities as subjects with the same rights as any other person. States need to adapt their national legislation to the international standards laid out in the treaty and, more importantly, to implement the Convention through concrete actions and measures in order to ensure that the benefits of the Convention reach everyone everywhere, especially those most in need. States also need to take action at all levels, from the national to the community level. Investing in community-based rehabilitation and habilitation could help in this process.

19. Although progress has been made, community-based rehabilitation and habilitation still faces two major challenges. First, there are few national-level community-based rehabilitation and habilitation programmes and, within countries, there are inequalities among persons with disabilities of the same socioeconomic and cultural background, which means that community-based rehabilitation and habilitation activities should be more responsive to the needs of all persons with disabilities. Second, there is a need for improving multisectoral collaboration, as has been proved by efforts for poverty eradication, the achievement of universal education and ensuring an adequate standard of living.

20. Entering into public, private and people partnerships is becoming an effective strategy to overcome the shortcomings of programmes, especially where resources are limited. Community-based rehabilitation and habilitation often facilitates collaboration and cooperation among the public, private and civil society sectors, as resource sharing is the key to success and leads to sustainable development. In some community-based rehabilitation and habilitation programmes, Governments support personnel costs, civil society bears material costs and manages the programme, and family members and local communities volunteer. These combined efforts ensure that persons with disabilities have an adequate standard of living even in the most disadvantaged situations, in both rural and urban areas. In many countries where community-based rehabilitation and habilitation programmes are run by civil society or local groups, these actors often play a key role as a bridge or link between government development programmes and persons with disabilities.

21. Although the community-based rehabilitation approach is mostly practiced in developing countries, it is relevant for the whole world. It is a flexible, dynamic and adaptable development strategy that can be tailored to local contexts and realities. Not all community-based rehabilitation programmes in all countries need to apply

all five components of the matrix mentioned in paragraph 9 above. The fundamentals of such programmes, including reaching out to everyone everywhere, ensuring a better quality of life, mainstreaming disability, promoting the empowerment of persons with disabilities and their families and enhancing community involvement, participation and ownership, are however, applicable to all countries and communities.

22. Community-based rehabilitation and habilitation needs greater support and investment from Member States to implement the Convention and ensure that persons with disabilities become active contributors, not passive receivers. As highlighted by the General Assembly, to genuinely achieve all the internationally agreed development goals, including the Millennium Development Goals, a greater effort must be made now to include the 1 billion persons with disabilities (over 15 per cent of the world's population) in mainstream development frameworks and agendas.

Questions for consideration

23. The following questions are presented for consideration:

- What measures have been taken by Member States to ensure that their national development policies and programmes guarantee an adequate standard of living for all persons with disabilities?
- What specific community-based rehabilitation and habilitation measures have been taken to ensure an adequate standard of living for persons with disabilities? Please share examples of how these have contributed to improving the lives of persons with disabilities and of others in society.
- What can be done by Member States, the United Nations and international development organizations to further promote community-based rehabilitation as a strategy to ensure an adequate standard of living and empower persons with disabilities to participate in society and development?
- Innovative approaches such as public-private partnerships involving disabled peoples' organizations or self-help groups can play an important role in empowering persons with disabilities and creating inclusive communities. How can such approaches be encouraged and supported by Member States?
- What measures should be proposed at the high-level meeting of the General Assembly on disability and development, to be held on 23 September 2013, to ensure that the internationally agreed development goals for the post-2015 framework adequately embrace community-based rehabilitation and habilitation as a strategy to reduce poverty and guarantee an adequate standard of living?